JUL 25 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21199

D. Harman 305 ½ Blvd.

File No.

Registered No. 450

1. PLACE OF DEATH
County Greene
Registration District No. 378
Township Springfield
Primary Registration District No. 2001
City (No. 1419 W Phelps Ave. St. Ward)

2. FULL NAME Nancy F. Agee
(a) Residence. No. 1419 W Phelps St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Female. 4. COLOR OR RACE: W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow	16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 10 - 1929
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: O.D. Agee	17. I HEREBY CERTIFY, That I attended deceased from 5-30, 1929, to 6-10, 1929, that I last saw her alive on 6/10, 1929, and that death occurred, on the date stated above, at 6:30 p.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 21 1851	THE CAUSE OF DEATH* was as follows: Senility 162
7. AGE: Years 77, Months 5, Days 19. If LESS than 1 day, ...hrs. or ......min.	(duration) ......yrs. ......mos. 12 ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Housewife. (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer	CONTRIBUTORY (SECONDARY) 164 (duration) ......yrs. ......mos. ......ds.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
PARENTS 10. NAME OF FATHER: Don't know	Did an operation precede death? no. Date of
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know	Was there an autopsy? no. What test confirmed diagnosis?
12. MAIDEN NAME OF MOTHER: Don't know	(Signed) W R Harman, M. D. 6/11, 1929 (Address) Springfield Mo.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
14. INFORMANT James Agee (Address) 1419 W Phelps St.	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Marionville Mo. DATE OF BURIAL: 6-12 29
15. FILED 6-12, 1929 Lon Sharp, REGISTRAR	20. UNDERTAKER W H Hawk. ADDRESS Marionville Mo

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.